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CLINICAL DOCUMENTATION

Pregnancy: Preeclampsia, Gestational Hypertension and Related Conditions

Hypertensive disorders in pregnancy range from those associated with heart disease and/or CKD to eclampsia Edema and proteinuria may occur during pregnancy and patients are monitored closely to ensure that the condition does not progress. Gestational hypertension is defined by the new onset of hypertension during pregnancy. Preeclampsia is characterized by a blood pressure of 140/90 or higher accompanied by abnormal liver or kidney function, proteinuria, visual disturbances, or decreased blood platelets.

ICD-10 CODES

O10.01- Pre-existing HTN complicating pregnancy

O10.02 Pre-existing HTN complicating childbirth

O10.03 Pre-existing HTN complicating the puerperium

O10.11- Pre-existing hypertensive heart disease complicating pregnancy

O10.12 Pre-existing hypertensive heart disease complicating childbirth

O10.13 Pre-existing hypertensive heart disease complicating the puerperium

O10.21.- Pre-existing hypertensive CKD complicating pregnancy

O10.22 Pre-existing hypertensive CKD complicating childbirth

O10.23 Pre-existing hypertensive CKD complicating the puerperium

O10.31- Pre-existing hypertensive heart and CKD complicating pregnancy

O10.32 Pre-existing hypertensive heart and CKD complicating childbirth

O10.33 Pre-existing hypertensive heart and CKD complicating the puerperium

O10.41- Pre-existing secondary HTN complicating pregnancy

O10.42 Pre-existing secondary HTN complicating childbirth

O10.43 Pre-existing secondary HTN complicating the puerperium

O10.91- Unspecified pre-existing HTN complicating pregnancy

O10.92 Unspecified pre-existing HTN complicating childbirth

O10.93 Unspecified pre-existing HTN complicating the puerperium

O11.- Pre-existing hypertension with pre-eclampsia

O12.0- Gestational edema

O12.1- Gestational proteinuria

O12.2- Gestational edema with proteinuria

O13.- Gestational hypertension without significant proteinuria

O13.- Gestational hypertension without significant proteinuria

O14.0- Mild to moderate pre-eclampsia

O14.1- Severe pre-eclampsia

O14.2- Severe pre-eclampsia with hemolysis, elevated liver enzymes and low platelet count (HELLP)

O14.9- Unspecified pre-eclampsia

O15.00 Eclampsia complicating pregnancy, unspecified trimester

O15.02 Eclampsia complicating pregnancy, second trimester

O15.03 Eclampsia complicating pregnancy, third trimester

O15.1 Eclampsia complicating labor

O15.2 Eclampsia complicating the puerperium

O15.9 Eclampsia, unspecified as to time period

O16.- Unspecified maternal hypertension

Final digit for codes above represents the trimester of the pregnancy	
1: First Trimester	4: In childbirth
2: Second Trimester	5: Postpartum
3: Third Trimester	

DOCUMENTATION ACRONYMS

DEEP Diagnosis Elements

Include elements of DEEP in documentation to clinically support a pregnancy and hypertensive disorders.

Diagnosis: Pregnancy

Evidence: 36 y.o F presents for 32 week, 5 days gestation based on LMP, new range onset BP at todays visit 162/112, with proteinuria, edema in lower extremities, blurry vision

Evaluation: Moderate preeclampsia, 3rd trimester onset

Plan: To triage for admit, monitor for worsening symptoms and fetal NSTs

Final Assessment Details

Include DSP for each addressed condition impacting treatment and patient care.

Diagnosis:
    Pregnancy
- Weeks gestation
- LMP, EDD

Status:
    Hypertensive Pregnancy Condition
- Gestational onset or preexisting
- Severity
- Stage of pregnancy

Plan:
- Complication treatment
- Symptom management
- Pregnancy monitoring

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CLINICAL DOCUMENTATION

- **Specificity is key**! Always indicate the weeks gestation, estimated delivery date, any hypertensive related conditions, and use verbiage to solidify the severity of the pregnancy complications.

- Hypertensive related disease in pregnancy should **always be documented** with the etiology clarified as either preexisting or gestational.

- Documentation should **always include DEEP elements** for preeclampsia or hypertensive disorders to show clinical evidence of the severity. Incorporate history, tests, imaging, signs and symptoms and document any and all associated treatments.

- When documenting a pregnancy be sure to **document all factors** to get a complete picture of the patients' health status.

- DSP should be applied for pregnancy **as well as** for the resulting outcome. Status should be apparent by identifying the weeks gestation and any pregnancy events and risks.

- Avoid using **uncertain terms** for present and active pregnancy which include: probable, suspected, likely, questionable, possible, still to be ruled out, compatible with, or consistent with

- Avoid documenting active pregnancy as a "history of" as this suggests a **resolved status** and causes conflict within the documentation.

- Confirmation should be found within the documentation representing the **complications of the pregnancy, severity of illness** and any resulting outcomes.

For more resources go to:

HIOSCAR.COM/PROVIDERS/RESOURCES